

# PART B - FEE(S) TRANSMITTAL

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21839 7590 06/23/2004

**BURNS DOANE SWECKER & MATHIS  
POST OFFICE BOX 1404  
ALEXANDRIA, VA 22313-1404**



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/649,084

08/28/2000

Wing Cheung Ho

016660-055

7505

TITLE OF INVENTION: WIRE-BONDING APPARATUS WITH IMPROVED XY-TABLE ORIENTATION

033539-018

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1330

\$0

\$1330

09/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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EDMONDSON, LYNNE RENEE

1725

228-197000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 **BURNS, DOANE, SWECKER & MATHIS, L.L.P.**
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**ASM ASSEMBLY AUTOMATION LTD.**

**KWAI CHUNG, HONG KONG**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies 2

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) \_\_\_\_\_ (Date)

**James A. LaBarre RN 28,632**

**9-14-04**

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09/15/2004 EABUBAK2 00000167 09649084

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02 FC:8001

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6.00 OP

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